

New Jersey State Department of Education
Office of Licensure and Credentials

DUPLICATE LICENSE REQUEST

This form is only to be used for requesting the reprint of a license(s) that was previously issued by the Office of Licensure and Credentials. None of the licensee's personal information can be changed. (If you wish to report a name or address change in order to have any licenses reprinted, please use the "Name/Address Change Request" form that is available at <http://www.njded/license> for this purpose.) In order for your reprint request to be processed, this form must be completed in its entirety. Incomplete forms will be returned. Concerned with the proliferation of identity theft, the department now requires submission of multiple forms of identification and a notarized statement of loss for those certificates that are no longer in your possession.

A. Reprinting of Certificates. Indicate the number of certificates that you currently hold that you want to be reprinted. **A fee of \$40.00 is required for each certificate to be reprinted.**

	Fee Total
The number of certificates to be reprinted. Per certificate fee. <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border-bottom: 1px solid black; width: 100px;"></div> <div style="text-align: center;">X \$40.00</div> </div>	\$

Please remember to enclose your certified check or money order for the amount in the "Fee Total" column made out to the "Commissioner of Education."

B. Your Name. Please print your name as it appears on your current certificate(s).

Last Name	First Name	Middle Name/Initial
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C. Licensee's Current Address and Identification Information

Street Address					
City	State	Zip			
Social Security Number	Date Of Birth	Month	Day	Year	

D. Certification.

Responses to the following two questions are mandatory. Failure to complete these items will result in rejection of the candidate's application for certification.

	Circle which applies below
Have you ever had a certificate revoked or suspended in this or any state?	Yes No
Have you ever been convicted of a criminal offense in this or any other state or any jurisdiction outside of the United States?	Yes No

PLEASE COMPLETE SECTIONS ON NEXT PAGE

E. SUBMISSION OF IDENTIFICATION INFORMATION

The licensee is required to submit *no less than three* types of identification, including the mandatory photocopy of an individual's social security card, on which the licensee's name must appear. This is required in order to prevent someone from obtaining your license(s) under false pretenses. Clear and legible photocopies of the card and papers should be attached to this form.

Once completed, the form, the attachments, and your payment should be forwarded to: New Jersey State Department of Education, Office of Licensure and Credentials, P.O. Box 500, Trenton, New Jersey, 08625-0500. Attention: Duplicate License Request.

ACCEPTABLE DOCUMENTATION

	Indicate with check-mark if attached.
SOCIAL SECURITY CARD. A photocopy of the applicant's social security card <i>must</i> be submitted as one of three types of identification for the purpose of printing a duplicate license(s). If your card has been lost, a replacement will need to be issued. To request a replacement card, please contact the Social Security Administration at 1-800-772-1213 or go to http://www.ssa.gov/ssnumber and click on Replacement Card. The remaining two items may be selected from the items listed below. Change requests that do not include a photocopy of the social security card, will be rejected.	REQUIRED
<i>In addition to a copy of the applicant's social security card, select 2 of the following items for submission.</i>	
1 Valid Marriage License	
2 Certificate of Birth (Raised Seal Copy)	
3 Valid New Jersey or Out-of-State Auto Operator License	
4 United States Passport (current or expired within 3 years)	
5 Adoption Papers	
6 Certificate of Citizenship	
7 Certificate of Naturalization	
8 Valid United States Military Photo ID Card	
9 Valid New Jersey Non-Driver Digital ID Card	

Mail this request, any attachments, and your payment to:

New Jersey State Department of Education
Office of Licensure and Credentials
P.O. Box 500
Trenton, New Jersey 08625-0500
Attention: Duplicate License Request

Applicant's Signature

Date (mm/dd/yyyy)

PLEASE COMPLETE SECTIONS ON NEXT PAGE

F. NOTARIZED STATEMENT OF LOSS

Where certificates previously issued to you are no longer in your possession (e.g., lost), please enter the information for each certificate below.

List of Previously Issued Certificates No Longer in Your Possession

Type of License (Elementary School, English, Student Personnel Services)	Date of Issuance (mm/dd/yyyy)



Present this form to a notary public and have the following notarized. Once it is completed and notarized, mail the form and your payment (certified check only) to the address above.

Applicant's Signature

Sworn to before me this _____ day of _____, 20____

Notary Seal

Notary Signature

Date